

**APPLICATION
UNITED STATES BANKRUPTCY COURT
DISTRICT OF MARYLAND
BANKRUPTCY DISPUTE RESOLUTION PROGRAM PANEL**

Name: _____

Office Address: _____

City _____ State _____ Zip _____

Office Phone: _____ Office Fax: _____

Education: _____

Professional licenses or memberships and accreditations:

Dispute Resolution Training: Yes _____ No _____

(a) U.S. Bankruptcy Court Training _____

(b) Other Training _____

Experience: _____

Counties in which you are willing to serve as a Resolution Advocate:

If you are also applying to be a Paid Resolution Advocate, rates charged:

Additional Information:

I hereby certify that the information set-forth above is true and correct.¹ I agree to serve for a minimum of one year and to act as an unpaid Resolution Advocate in matters, not to exceed one matter per calendar quarter.

Date

Signature

¹ It is the responsibility of the applicant to submit an amended application if any information contained on this application changes.